The National Institute for the Clinical Application of Behavioral Medicine – Computer Science Internship

YOUR INFORMATION

Name: _____ Date: _____

Home Address, City, State: _____

School Address, City, State: _____

Phone: _____ Email: _____

EDUCATION

What school are you attending? _____ Expected Graduation Date: _____

Major: _____ How many credits are you taking? _____

What is the approximate length of your commute to our office? Miles: _____ Minutes: _____

TECHNICAL APTITUDE

For each type of computer application listed below, please name the software you've worked with and rank your proficiency according to the following scale: (5) I could teach it; (4) I could use it without questions; (3) I've been proficient but I might have to ask some questions to refresh my memory; (2) I've only used it a few times; (1) I was taught, but have no practical experience.

	Software	**Rank**
Word Processing:	_____	_____
Spreadsheet:	_____	_____
Database:	_____	_____
Web:	_____	_____
Graphic:	_____	_____
Video:	_____	_____
Other:	_____	_____
Database:	_____	_____

If you've designed a webpage or would like us to see your portfolio, please list the URL here: _____

COMPUTER LANGUAGES

Please list all computer languages you're familiar with (HTML, CSS, PHP, etc.), and rank your experience with each using the following scale: (5) I could teach it; (4) I could use it without questions; (3) I've been proficient but I might have to ask some questions to refresh my memory; (2) I've only used it a few times; (1) I was taught, but have no practical experience.

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____

EMPLOYMENT HISTORY

Where were you last employed? _____

Are you still employed there? Yes: _____ No: _____ If No, what was your date of separation? _____

How long did you work there? _____ What was/is your reason for leaving? _____

If that job was for less than 2 years, list your previous job: _____

How long did you work there?_____   What was/is your reason for leaving?_____

What was your date of separation?_____

Please provide the name and number of a business reference:_____

What position are you applying for?_____

How did you hear about this position?_____

What would be your preferred schedule?_____

If hired, how soon could you begin?_____

The pay for this internship is $15 an hour. Do you agree with the hourly rate: Yes:_____   No:_____

YOUR CURRENT SCHEDULE
Please list the hours you are available to work between 8:30am and 6pm on these days:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Minimum hours per week:_____   Maximum hours per week:_____

Are you available for work during the following:

Fall Semester: Yes:_____   No:_____

Winter Break: Yes:_____   No:_____

Spring Semester: Yes:_____   No:_____

Spring Break: Yes:_____   No:_____

Summer Break: Yes:_____   No:_____

Please send this application, your resume, and a cover letter to hiring@nicabm.com.
** Please make the subject of your email the title of the position for which you are applying. **